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3 3 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3538						C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Lukes Hospital Inside Limits Ves D No D ADDRESS 1301 E. Armour Yes D No D
Thomas W. Leftwich December 8 1962 Male White Molecule New Maried 2 No. AGE (san binday) P. AGE (san bind	 	누	╁┼	+	-		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
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4 STATE STATE OF STAT	5 /					-10	Male White
13. TATHER'S NAME UNKNOWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or whorowing) (If yes, give war or dates of sarvice) 10 11 1266-0 13. MOST DEATH (Enter only one case) 14. NAME OF HUSSAND OR WIFE UNKNOWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or whorowing) (If yes, give war or dates of sarvice) 10 11 1266-0 18. CAUSE OF DEATH (Enter only one case) 19. MALL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one case) 19. MALL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) 18. CAUSE OF DEATH (Enter only one case) 19. MALL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of Item 18.) 20 20 20 20 20 20 20 20 20 2	6	Ş]]			"	during most of working life, even if retired)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. 9 1200 00 00 00 00 00 00 00 00 00 00 00 00		걸		1			Unknown Anna Leftwich
10 10 10 10 10 10 10 10 10 10 10 10 10 1	8 2	S					5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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Conditions, if any, which gave rise to above cause (o), stating the unders. 13 VO STUDY 13 VO STUDY 15 VO ST		쥖눈			N.		IMMEDIATE CAUSE (a) Cardia C 1722 1 / Min.
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PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART 1 (a) 1/10 From the Death Curries of injury in PART 1 (b) 1/10 From the Death Curries of injury in PART 1 (c) 1/10 From the Death Curries of Injury in PART 1 (d) 1/10 From the Death Curries of Injury in PART 1 (d) 1/10 From the Death Curries of Injury in PART 1 (d) 1/10 From the Death Curries of Injury in PART 1 (d) 1/10 From the Death Curries of Injury in PART 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury in Part 1 (d) 1/10 From the Curries of Injury i		ટાં ર			_		
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Death occurred as Death occurr	₹5	EA				•	21. I attended the deceased from 1957, to 8 Dec. 1962 and last saw her limited in 7 Dec. 1962.
23a. BURIAL, CREMATION, C3J. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Entombrent 12-10-62 Mt. Moriah Garden Mauscleum Kansas City, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECLYRAR'S SIGNATURE Stine & McClure Kansas City, Missouri 12-10-62 Tuth Long	# B ×					3	Death occurred at 12:15 Asm on the date stated above, and to the best of my knowledge, from the causes stated.
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24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. Stine & McClure Kansas City, Missouri 12-10-62 The stine of the	-	6	 	\top	- }		REMOVAL (Specify)
Stine & McClure Kansas City, Missouri 12-10-62 of with Long					\FF!		
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.